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TOLL FREE NUMBER 1-800-45-RADAR

This number provides a prevention clearinghouse for Montana. It will provide information and pamphlets and answer questions on prevention or treatment. The National Clearinghouse of Alcohol and Drug Information (NCADI) has a toll free number: 1-800-729-6686.

June, 1993

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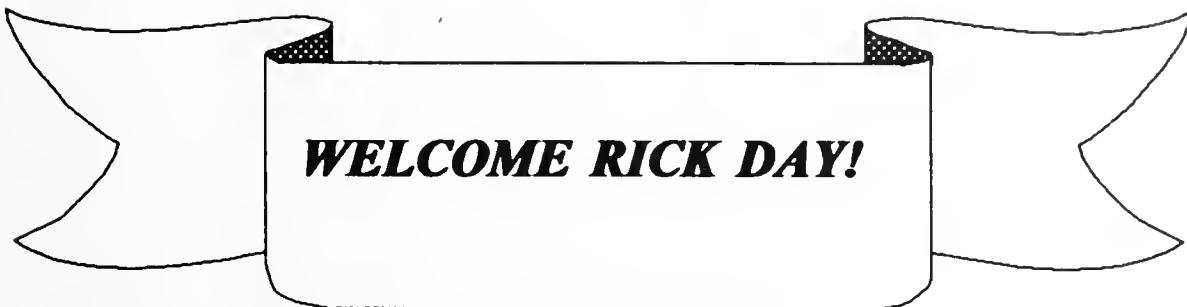
UPDATE FROM MONTANA CHEMICAL DEPENDENCY CENTER (MCDC)

In an effort to continue to provide quality comprehensive inpatient treatment for chemical dependency, the 1993 Legislature approved a relocation of the Montana Chemical Dependency Center from the Galen campus to the St. James Hospital Annex in Butte. The Department is carefully planning the transition with contingency plans for those individuals who, during the moving process, have a critical need for inpatient care.

In the past two years, MCDC has gone through a reorganization of services with an emphasis on providing individualized treatment rather than placing all alcohol patients in the Alcohol Service Center for 28 days and all drug dependent clients in the 60 day Lighthouse program. All patients referred to the Montana Chemical Dependency Center are assessed and the appropriate level of care recommended. These four tracks will continue at the new location: D.E.A.R. (detoxification, education, assessment and referral); short term maximum two (2) week residential with focus on relapse intervention; traditional 28 day primary care; and a maximum 60 day residential program for those in need of a more intensive longer term setting. An aftercare coordinator meets with all discharging patients to arrange community based aftercare.

The implementation of the ASAM patient placement criteria will further ensure that patients are receiving treatment at the level most appropriate to their needs. In the past, lengthy waiting lists have made inpatient treatment inaccessible on a timely basis for those individuals in need. We believe that the changes in programming, more careful screening and assessment and cooperation from the community based outpatient programs will shorten the waiting list and continue to provide quality programming.

The Montana Chemical Dependency Center will continue to offer 90 treatment and 24 detox beds and plan on being able to receive patients at the new location on July 6, 1993. An open house will be planned for those interested in learning more about the program as well as tour the facility.



With a change in administrations comes a new Department Director for the Department of Corrections and Human Services. Rick Day, the new Director, comes to the Department from the Department of Justice. He brings to this Department a wealth of management and reorganizing experience.

Rick started his career in public service as a police officer serving in West Yellowstone, Belgrade and Bozeman before joining the Department of Revenue as an Investigator. From investigator, Rick moved into management, overseeing the combining of the Welfare Fraud, Child Support, Video Gambling and Alcohol divisions. In 1989, Rick became the first head of what is now known as the Gambling Investigation Bureau. His most recent assignment at Justice was to over-see the reorganization of the Law Enforcement Services Division. This experience in overseeing the re-organization of State Agencies will stand Rick in good stead as he takes over the Department of Corrections and Human Services.

When the legislature began meeting in January, all Department Directors were directed to make a priority list of cuts to downsize State services. The Department of Corrections and Human Services was directed to cut 20 million dollars from an annual budget of \$178 million. In making these cuts, Rick Day's guiding philosophy has been, "if (the legislature) wants this program, then fund it adequately -- give us the funds and we'll do a good job." For the Chemical Dependency Treatment community, the most significant change will be the relocation of the Chemical Dependency Treatment program located at Galen to Butte St. James East Hospital.

Join us in welcoming Rick Day to our Department. We look forward to working with him over the next four years in carrying out the work of this Department.

GAMBLING INVOLVEMENT AND PROBLEM GAMBLING IN MONTANA

In January DCHS submitted its report "Gambling Involvement and Problem Gambling in Montana" to the legislature. The study, which was mandated by the 52nd Legislature, was contracted to Eastern Montana College and to Dr. Rachel A. Volberg, nationally recognized expert on the epidemiology of gambling.

The Volberg report presents the findings of a state-wide survey of gambling involvement and gambling problems in Montana. A large sample of adult residents over the age of 18 ($N=1,020$) were interviewed about the types of gambling they have tried, the amounts of money they spend on gambling, and about the problems related to their gambling. The results of the survey are comparable with the results of similar surveys carried out in other states.

Key Findings

- * The lifetime prevalence rates of problem and pathological gambling in Montana are much higher than the rates found in Iowa and slightly higher than in South Dakota. The lifetime prevalence rates in Montana are lower than those found in the Northeast of the United States.
- * The lifetime prevalence rate of problem gambling in Montana is 2.3% and the lifetime prevalence rate of pathological gambling is 1.3% of the adult population. This results in an overall incidence and prevalence rate of 3.6%. Based on these figures it is estimated that between 8,000 and 18,600 adult residents of Montana have been problem gamblers at some time in their lives. In addition, it is estimated that between 3,500 and 11,500 adult residents of Montana may have been pathological gamblers at some time in their lives.
- * The current prevalence rate of problem gambling in Montana is 1.5% and the current prevalence rate of pathological gambling is 0.7% of the adult population. Based on these figures, it is estimated that between 1,100 and 7,000 adult residents of Montana are currently probable pathological gamblers. It is estimated that an additional 4,400 to 12,900 adult residents of Montana are currently problem gamblers.
- * In Montana, for the first time, lifetime problem and pathological gamblers are as likely to be female as male.
- * In Montana, lifetime problem and pathological gamblers are significantly more likely to be under the age of 30 than the general population.

- * The most popular types of gambling among Montana respondents who have ever gambled are lottery games, charitable gaming, and gambling machines. Live keno and bingo, bets with friends, horse race wagering and sports pools are also popular among Montana respondents.
- * Montana respondents most frequently cite fun or entertainment as their main reason for gambling. Other important reasons include winning money, socializing and supporting worthy causes.
- * Gaming machines and non-instant lottery games in Montana attract the greatest monthly gambling expenditures. Wagering on horse races is characterized by the highest proportion of players who spent over \$50 per month.
- * Problem and pathological gamblers in Montana are more likely to have played gaming machines and less likely to have wagered on sports or card games than problem and probable pathological gamblers in other states.
- * At least 5,500 adults in Montana are currently experiencing moderate to severe problems related to their involvement in gambling.

The state of Montana has recently legalized a great many types of gambling. It is clear that the state of Montana benefits from gambling by its citizens through the revenues raised from legal gambling. However, the results of this survey indicate that there are significant costs associated with gambling, including financial, interpersonal and personal problems.

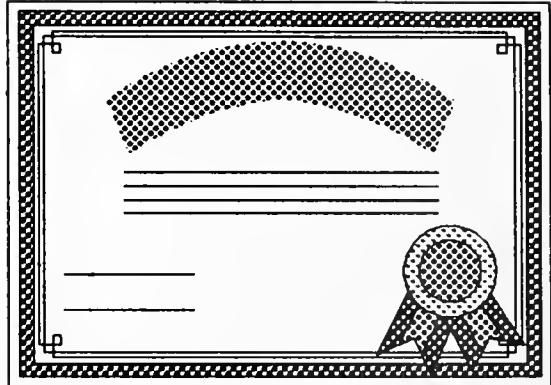
The data presented provide a benchmark for future assessments of gambling in Montana. This data further provides a foundation for policy making and planning services for individuals who experience difficulties related to their gambling. Consideration must now be given to educating Montana residents about problems associated with gambling, difficulties faced in providing treatment services for problem gamblers, and ensuring that adequate and continuing funds for such efforts are made available. In the future, it will be important for everyone concerned about and involved with legalized gambling in Montana to work together to develop ways to help those individuals who encounter problems related to their gambling.

Copies of the full report may be obtained by contacting Norma Jean Boles, Manager of Quality and Assurance at DCHS at 444-4931.

Look for highlights from a second mandated study presented to the legislature, "Treatment of Pathological Gamblers in Montana: Past, Present and Future," by Dr. Rachel Volberg in the next Habit.

CERTIFICATION CORNER

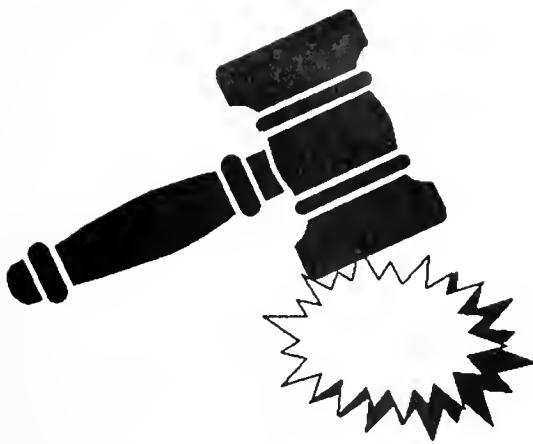
BY Phyllis Burke MacMillan



On December 30, 1992, rules were adopted which changed the continuing education requirements for certified counselors. Under the previous rules, counselors were required to accumulate 28 points (168 hours) over the four-year certification period. However, 14 points (84 hours) could be earned from work experience in the chemical dependency field. Under the new rules, counselors will be required to earn 14 points, (84 hours) over the four year certification period. **The 14 points for work experience has been dropped from the continuing education requirement.**

Effective January 1, 1993, counselors will no longer document work experience when submitting continuing education and need submit only verification of 84 hours for training. We will no longer be using "points" when referring to continuing education requirements. These changes will apply to all certified counselors and will begin with the certificates expiring June 30, 1993.

Even though counselors are only required to submit continuing education documentation prior to the June 30th expiration date, it is recommended counselors try to attend and submit verification for 21 hours each year. If you have any questions about the changes in the continuing education requirements, please call Phyllis Macmillan at 444-4923.



LEGISLATION

Here is an update on the status of 4 bills important to the Alcohol and Drug Abuse Division as of March 12:

HB 274 Providing minimum certification standards for problem gambling counselors; providing a procedure for charging a violation of ethical standards and for suspension or revocation of certification.

Status: Tabled in Committee

HB 548 Prohibiting sale or distribution of tobacco products to a person under 18 yrs; requiring a license for retail sales of tobacco products; requiring the posting of signs; prohibiting the distribution of tobacco products in other than sealed packages; restricting sales from tobacco vending machines; prohibiting the use of tobacco products on public school property; and authorizing certain local regulations.

Status: Signed by Governor, effective October 1, 1993.

HB 225 Requiring all applicants for voluntary admissions for inpatient chemical dependency treatment to MSH at Galen to receive confirmation that the individual is chemically dependent; requiring confirmation from a community program that treatment services are not appropriate or not adequate in the community; clarifying the responsibilities of the Galen inpatient program for discharged clients.

Status: Failed Third Reading.

HB 531 Requiring DCHS to develop and administer a pathological gambling treatment program; defining services to be provided by the program; and providing an appropriation.

Status: Tabled in Committee.

A NEW BLOCK GRANT

(Marcia Armstrong of ADAD Ages 15 Years in 5 Months)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the successor to ADMHA. Part of their mission is to provide more effective alcohol and other drug treatment and prevention services. As the research began into how states were using their treatment and prevention dollars, it became apparent there were no consistent reporting standards for the ADMS Block grant. This meant in turn that no comparative analysis of treatment or prevention data among states was possible. Since the basis of good systems management is adequate information, this is an important first step. To this end SAMSHA has instituted a mandatory new format for application for the Substance Abuse Prevention and Treatment (SAPT) Block Grant for FY 1993. The data collection and reporting requirements have increased significantly. The new Block grant is SAMSHA's first attempt to indicate all the data they will require and to standardize the reporting format.

There are four sections to the FY 1993 application:

1. Identifying information, table of contents, agreements and certifications;
2. Actual use of federal fiscal year 1990 ADMS Block Grant funds and obligation of federal fiscal year 1991 ADMS Block Grant funds;
3. Intended use of federal fiscal year 1993 Block Grant funds;
4. Attachments.

The body of the document consists of fourteen or so forms which provide detailed information about how Montana has spent or intends to spend the Block Grant funds. A major undertaking was developing projections for each health planning region for each of the Federally recognized minority groups needs for prevention and treatment. In addition, each of the major areas reflecting needs for service required developing goals and objectives for the services either provided or which may require development.

As one might guess, this was a tremendously time consuming task. The Division Planning Officer, Marcia Armstrong, spent the better part of five months working on collecting the data, preparing forms, writing narrative and goals and objectives. Her hard work paid off in an application which was accepted upon initial review with only minor revisions. The reviewers were particularly complimentary in their review of the prevention section.

CHANGES AT FLATHEAD VALLEY

In October, Michael Cummins joined the staff of the Flathead Valley Chemical Dependency Clinic as their new executive director. In bringing his family from Delaware, Ohio, Michael realized a long time dream of living in the Treasure State.

Michael holds a Master of Arts degree in alcoholism and drug abuse and for the past eight years was executive director of Delaware Area Recovery Resources, a private non-profit substance abuse agency in Ohio. The success of DARR in establishing a model for a progressive community based continuum of services was a key factor in inviting Michael to relocate to Montana.

In looking to the opportunities which lie ahead in the transition process, Michael has identified several primary areas of emphasis. Development of a strong "team approach" to the efforts of the agency will be essential to their mission of providing effective high quality treatment services. In addition, he will seek to broaden the agency's role in prevention programming and strengthen their collaboration with community organizations and institutions.

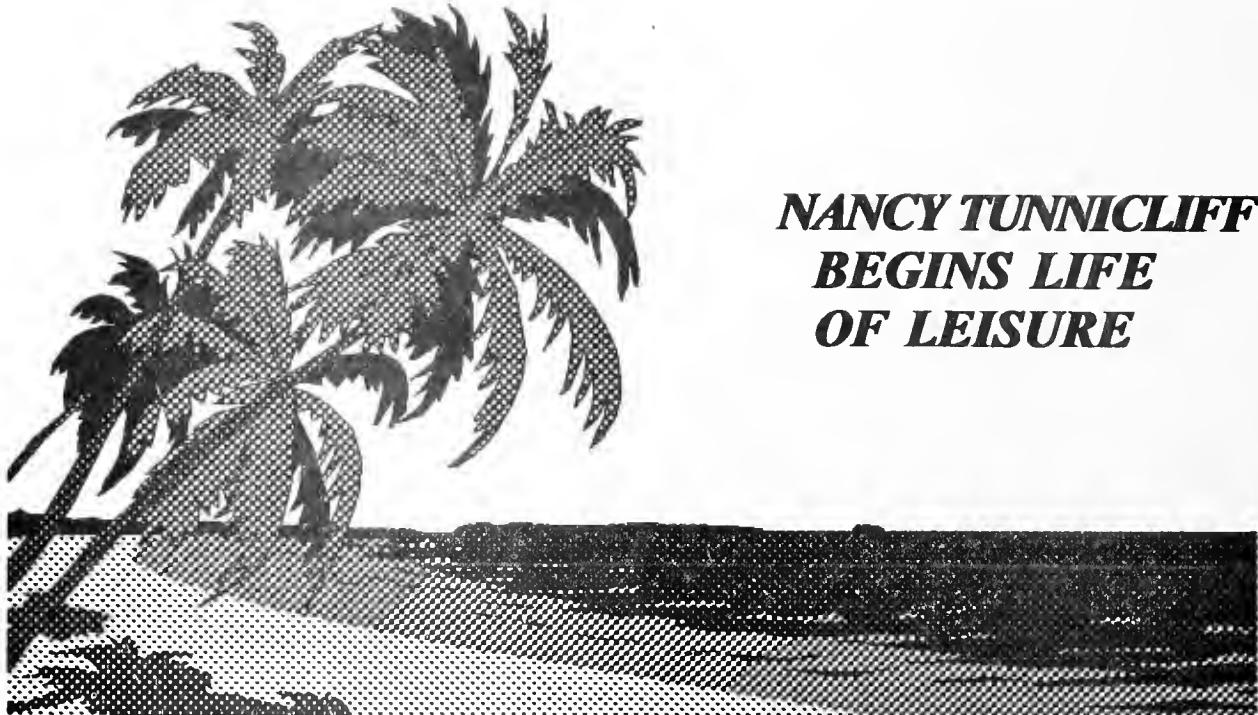
In pointing to the future, Michael is quick to note that none of these goals would be possible without the years of hard work and direction provided the agency by his predecessor, Ken Anderson.

THE MISSOULA TURNING POINT ADDS A NEW PROGRAM

Back in the June of 1992 issue of the Habit, program manager Peg Shea stated in her article that on July 1 of the same year they would be starting an intensive adolescent outpatient track. Well, it's up and running. Counselors from Turning Point and St. Patrick Hospital's Addiction Treatment Program tailor the treatment to the needs of the individual adolescent.

The program for adolescents who need intensive treatment consists of six weeks of outpatient counseling, five days a week in the afternoon and evening at St. Pat's Providence Center. The youth can stay at home and stay in school. At least one parent or guardian must participate in this phase of therapy.

Community Care and Turning Point will oversee the transition from chemical dependency treatment to the home and school environment. Aftercare may include family counseling, individual counseling, or attendance at support group meetings. Following intensive treatment, teens and families continue in weekly aftercare sessions.



NANCY TUNNICLIFF BEGINS LIFE OF LEISURE

Nancy Tunnicliff retired April 16 from ADAD. Nancy had worked for the Division for four and a half years as a Project Evaluator. Many of you had the opportunity to get to know Nancy as she crisscrossed the state with, first, Fred Fisher and then, Karen Goans, also Project Evaluators. Their work involves conducting annual site evaluations to all approved chemical dependency programs.

Nancy entered the professional chemical dependency field as a counselor in 1980 with the Boyd Andrew Chemical Dependency Care Program in Helena. She supervised two halfway houses for two and a half years (a women's halfway house was present in Helena at that time). She describes her halfway house job as one of her most rewarding memories in the field. In 1982, Nancy joined the staff of the Shodair Adolescent Program in Helena as a Senior Counselor. She worked at the Shodair program the entire time of its operation, serving in several capacities. Following the closure of Shodair in 1987, Nancy rejoined Boyd Andrew as the ACT Coordinator before coming to ADAD in December, 1988.

Nancy is looking forward to travel, reading, volunteer work and general loafing. She states, "I've been in the 'world of work' since 1945 when all high school kids could get all the work they wanted during World War II. That's 48 years, minus about 18 years for raising babies (which was still work!). I remember my first job after graduating from Stanford University in Physical Therapy in 1952 earned me the great sum of \$280 per month--and I saved money to go to Europe on that! I entered the chemical dependency field following my treatment at Hazelden in 1978 and have not regretted changing careers. And - I'm ready and looking forward to getting on to the next phase of my life which will be an active one I trust. I have surely enjoyed the people I have worked with over the years."

ADAD celebrated Nancy's leaving with a potluck dinner, hosted by Norma Jean Boles. We wish her well.

PUTTING THE PIECES TOGETHER

The development of broadly based community prevention efforts has been part of the long term plan of ADAD throughout the 1990's. As part of this effort, ADAD has joined with other state agencies and with private non-profits throughout Montana to present a series of workshops, "Putting the Pieces Together." There are three themes which are becoming clear in research on effective prevention programs. The first is the need for a broad based approach which involves developmentally appropriate strategies which take a positive approach to community and individual resiliency factors. The second theme which is emerging from the research is a common core of theory and practice which relates alcohol, tobacco, and other drug prevention to other prevention efforts such as teen pregnancy, HIV and AIDS prevention, accident prevention and a host of other issues involved in healthy communities. The third theme is the need to develop sound management and evaluation systems to support the efforts of prevention workers in local communities. Of course, this is a complex undertaking. If developing and supporting collaborative efforts was an easy undertaking, we would already be doing it.

As part of this effort, ADAD has joined with seven other agencies who are concerned with prevention to develop the "Putting the Pieces Together" workshop series. This series will explore common themes in prevention, present skills required for successful organizational management, and the development of regionally based strategies to support local prevention efforts. The titles of the workshops are: a common vision of prevention, presented by Karen Peake; Skills for Prevention Organizations, presented by Beki Brandborg; and organizing for prevention, presented by Kirk Astroth. The agencies involved in developing this series are: Center for Adolescent Development; Healthy Mothers, Healthy Babies; Montana Council for Families; the Montana Prevention Caucus, the Early Childhood Project at MSU; the Department of Health and Environmental Sciences; the Attorney General's Office; and ADAD. This is the listing for the workshop series:

Workshop One: Karen Peake: A Common Vision for Prevention.

Region 1: April 22 Glendive
Region 2: May 18 Great Falls
Region 3: May 6 Billings
Region 4: April 27 Helena
Region 5: May 20 Polson

Workshop Two: Beki Brandborg: Skills for Prevention Organizations.

Region 1: June 24 Glasgow
Region 2: June 29 Havre
Region 3: June 21 Billings
Region 4: May 24 Bozeman
Region 5: July 15 Polson

Workshop Three: Kirk Astroth: Organizing for Prevention.

Region 1: Sept. 14 TBA
Region 2: Sept. 22 Great Falls
Region 3: Sept. 29 Billings
Region 4: Oct. 7 TBA
Region 5: Oct. 14 TBA

If you have any further questions, call Ken Taylor at 800 457-2327.

A BRIEF UPDATE OF MINUTES FROM MEETINGS OF MONTANA COMMUNITIES IN ACTION

Proposed Mission Statement of MCA:

Montana Communities in Action (MCA) is recognized statewide as a non-profit organization providing education, resources and training to Montana Communities to promote prevention of high risk behavior. MCA encourages and promotes youth and adult involvement and ownership of prevention activities through networking, building collaborations and facilitation to build community coalitions which promote healthy life styles. MCA subscribes to the philosophy of no use of any illegal drug and no illegal use of any legal drug.

Long Term Goals

1. MCA would be recognized state-wide as a prevention resource and referral organization.
2. The organization structure of MCA will be clearly defined through such avenues as:
 - a. membership criteria;
 - b. by-laws and articles of incorporation;
 - c. clearly defined budget and financial statement;
 - d. understandable flow of operation.
3. Increased involvement and participation reflecting the state's diversity (i.e., age, sex, geography, cultural, economic, etc.).
4. MCA will continue its support toward fulfillment of the goals of our mission statement.

September 23, 1992

At the organizational business meeting P.A.T. (The Preventive Assistance Team) voted to accept the steering committee's proposal to join with the MCA board.

New Committees:

Conference Committee: Bev Braig, Fred Fisher, Chris Smith, and Judy Griffith.

Grant Search: Becky Bundrock and Judy Lipnitz.

Legislative Committee: Audrey Paulsen, Bill Bevine, Beverly Braig, Carol Habits, and Jana Miller.

P.A.T./Policy & Procedure: Bev Braig, Fred Fisher, and Melisa Kaiser.

MCA Logo Design: Terrie Button.

October 21, 1992

New MCA Board Members:

NFP Networker: Carol Habits
Legislative Liaison: Anne Carpita
Region 1: Tamara Crowder
Region 2: Robin Morris
Region 3: **Region 3 still needs a board member!**
Region 4: Dan Haffey and Julie Halberg
Region 5: Terrie Button
Region 6: Gwen Brott

Agency Updates:

OPI: Judy Birch reported that she will be sending Grant information to Drug Free School Coordinators.

CAD: Bill Devine shared that they would have a one week Junior High Camp at Flathead Lake this year for the first time.

Department of Corrections and Human Services: There will be three training workshops in each region starting in the spring of 1993. They would like to use the MCA list, Donna will send a list to Bill Devine.

January 20, 1993

Caring For Kids Conference:

The seventh annual Montanan's Caring For Kids Conference will be held March 25-26 at the Copper King Inn in Butte. Registration is Thursday, March 25th from 7:30 am to 8:30 am. The keynote address by Michael Popkin, Ph.D, founding president of Active Parenting Publishers, is at 8:30 am. On Thursday the conference activities run until 10:00 pm with a social hour from 9:00 pm to 10:00 pm. On Friday conference activities start at 8:30 am and closure is at 2:00 pm. There is an impressive list of workshops and speakers so don't miss it.

Note: The conference may have come and gone by the time you received this edition of the Habit. So, We hope you had a good time if you made it and see you at the 1994 conference if you didn't.

Agency Update:

Department of Highway Traffic and Safety: Audrey Paulsen shared DUI legislative updates and concern for loss of re-instatement money.

Board Of Crime Control: Fred Fisher shared the "Keep It Together" program. The board viewed posters and PSA for this years campaign. The program will have TV and Radio Spots, brochures, newspaper ad's, posters and educational portfolio's.

OPI: Judy Birch is working with Darlene Meddock on the State Drug Free School Recognition program. She also advised us of the upcoming activity guide being prepared by her staff and will be available to the schools shortly. U of M, Bob Deton is revising the current "How To Deal With Death In School" publication. OPI will be having regional workshop for Drug Free School coordinators and clerks.

A final note on MCA activities:

The Prevention Assistance Team's Community Mobilization Curriculum grant is coming to a end. Even though the grant is almost over, the team will still be available for community training. If your community would like to take advantage of this training, you will need to provide team's travel and per diem expenses.

DEVELOPING YOUTH POTENTIAL: A PRO-ACTIVE APPROACH FOR THE 90'S

(Third in a series by Kirk A. Astroth, Extension Specialist, 4-H Youth Development, Montana State University, Bozeman.)

In the June, 1992 issue of The Habit, I discussed some of the critical risk and resiliency factors that operate at the family level of a child's social ecology. In this installment, I want to discuss some of the important factors which operate in the peer environment of children and youth.

Let's revisit what we mean by "risk" and "resiliency" factors. Risk factors are those individual or environmental hazards that increase a youngster's vulnerability to negative developmental outcomes. The mere presence of several risk factors does not guarantee a negative outcome, but, rather increases the odds that problem behaviors will occur later in the young person's life.

Resiliency factors, on the other hand, are those individual or environmental conditions that enhance a youngster's ability to rebound and successfully adapt in the face of adversity. Resilience is the capacity to spring back and fosters positive adaptations and competence, even in the face of multiple risk factors. Resilience is the ability to adapt in the face of adversity which results in growth, competence and skill-building (Richardson, et al, 1990).

Some have argued the mere presence of resilience in children is reason enough not to do anything--that children will survive and thrive without our help. Such arguments ignore the important interplay of resiliency and risk factors and critical time periods for prevention and intervention. Moreover, to believe that children can develop adaptive skills without nurturing and assistance ignores the research on how resiliency is fostered. As Werner writes: "The very fact of individual variation among youngsters who live in adverse conditions suggest the need for greater assistance to some than to others" (Werner, 1992). Resiliency factors, if nurtured and enhanced, can foster positive youth development and help all youth reach their potential.

Research indicates that effective prevention efforts take into account and address both risk and resiliency factors. Such a balanced approach to youth development is grounded in decades of research which shows what factors positively and negatively affect young people. For too many years, however, prevention specialists had a "deficit focus" that concentrated on personal liabilities and weaknesses. This negative approach to youth development dominated for many years, particularly during the 70's and early 80's. Only recently has the pendulum begun to swing back into balance. Practitioners now understand that we have to look at both sides of the development coin.

Nowadays, most people interested in youth development account for and recognize the dynamic interplay between risk and resiliency factors. You can't focus on one at the exclusion of the other. In fact, research is indicating that "we can afford to be at risk in a few areas of our lives and can even manage to turn those risks into personal and social growth--with the proper supports (Coontz, 1992). There are many roads to success, each with its own rough sections. And while there are many wrong turns that can be made, there are also several right places to end up. The idea that there is only one road map for success has never been true.

However, recently there is a tendency to swing the pendulum over to the other extreme of focusing solely on resiliency factors. The pessimism of the past has spawned a reaction in some that has resulted in an inclination to talk just about resiliencies and strengths. Bonnie Benard, for example, in her most recent article in The Western Center News (March, 1993) argues that "solutions do not come from looking at what is missing". But what is missing must be part of the total picture of health and wellness.

Effective programs take in both perspectives and attempt to both minimize risk factors and enhance resilience factors at multiple levels of the child's environment (i.e., at the level of the individual, family, peers, school, work, and community). Taking such an approach to developing youth potential, educators can foster environmental conditions which will benefit all youth.

At the peer level, research has revealed several risk and resiliency factors which are at work in the child's environment.

IN THE PEER ENVIRONMENT

Risk Factors

Anti-Social Attitudes of Peers

Perceived Involvement of Others in Anti-Social Behaviors

Association with Peers Engaged in Self-Destructive Behaviors

Rejection by Normal Peer Group

Deviant Peer Group Membership

Resiliency Factors

Close Friendships with Others Engaged in Healthy Lifestyles

Bonding to Family

Commitment to Family's Values

Acceptance by Normal Peer Group

To parents, these factors probably need little explanation. If children associate with peers who have favorable attitudes toward drug use and delinquency, there is a high probability that they will adopt such attitudes. The kinds of friendships children establish with others do matter. In addition, if the community as a whole is rather unhealthy, and children perceive that many others in their peer group are involved in anti-social behaviors, they are also more likely to engage in such behaviors. The Search Institute's recent study, Healthy Communities, Healthy Youth (1991) provides a strong argument for strengthening our communities as a way to ensure the health and well-being of our young people.

Obviously, to some extent all our youth are "at risk" because we are all fallible human beings in a society that expects us single-handedly or at most two-parently, to counter all the economic ups-and-downs, social pressures, personal choices, and competing demands of a highly unequal, consumption-oriented culture dominated by deteriorating working conditions, interest group politics, and self-serving advertisements for everything from toothpaste to moral values. We are expected to teach our children to sort through the claims of rival authorities without rejecting authority, to pursue self-reliance without abandoning commitment, and to resist the seductions of consumerism while preparing for jobs that will allow them to provide a better life for their own children. A daunting proposition I think you will agree.

PLAS4FN



The Alcohol and Drug Abuse Division has 10 CYAP Demonstration Grant sites across Montana. The Habit will feature one of these sites in each issue for a 10-part series.

Glendive is a rural community in Eastern Montana with a population of 5,000. Of this population 1,700 are school age children. Youth not only in Glendive but all around the Nation are feeling the effects of drug and alcohol abuse. The PLAS4FN Youth Center (Place for Fun) in Glendive is a non-profit organization established at the Sacred Heart School to help at-risk youth between the ages of 4 and 17 to provide them with activities, skill development, and a resource information center. The city of Glendive is committed to assisting its youth in positive development of their physical, mental, emotional, and educational well-being. The following is a brief summary of successful programs and events.

The Kool Kids Program is a daycare for latch-key kids which provides children ages 4 through 12 with an alternative to staying home alone while their parents are working. The program also provides all-day daycare on weekdays when school is not in session and during the summer months. This program thrives on providing a safe, fun, academic and social environment through activities including arts and crafts, swimming, picnics, walks, songs and tours. The program motto is "To have a friend, We must be a friend!"

Parenting workshops have been held at the Youth Center to educate concerned parents and particularly parents of at-risk youth on ways to communicate with their children. The focus is on helping parents and children learn together to deal with the problems facing children in today's world. These workshops have been very successful and another is planned this fall.

Alternative Education Classes are held at the local high school and are taught by qualified teachers. These classes reduce the drop-out rate for at-risk youth in the Glendive area. As a result of these classes there has been an increase in the credit completion rate of at-risk youth at the high school level.

The Open Gym is used for activities including basketball, volleyball, karate, tumbling, dance lessons, and exercise programs just to name a few. Attendance for the Open Gym has been extremely good, especially over holidays, and shows an increase in the number of high school students participating.

The Youth Board consists of over 20 children and meets monthly to assist in the planning of activities and events. With little supervision the Youth Board has planned dances for the 5th through 8th grades, high school dances, a retreat, and other activities for younger children including Day-Care, a Halloween party and outings. Youth participation in the planning of their own activities results in activities of interest to youth and high attendance levels.

Some upcoming events include Spring Dances, the Summer Outside Activities, an Open House, an Halloween Party and the Buzzard Day Run among others.

The PLAS4FN staff have been attending workshops useful in all areas of working with youth and improving activity planning. When possible, the staff will attend other applicable workshops in the future. For more information about the Glendive PLAS4FN Youth Center contact Landy Petrie, Center Director at 365-5471.

PREVENTION ASSISTANCE TEAM (PAT)

Community Mobilization Curriculum

The Montana Prevention Assistance Team was organized in 1990 following a one week training in the "Technology of Prevention" presented by William Loftquist. This training brought together forty volunteers representing the broad spectrum of prevention services from across Montana. The training, sponsored by the Department of Corrections and Human Services' Alcohol and Drug Abuse Division, was designed to prepare facilitators for the 1991 Montanans Caring for Kids Conference in Helena.

Based upon evaluations of the conference, these volunteers felt there was a need for state and community-based prevention groups to continue to network in order to strengthen prevention resources in Montana. The Montana Prevention Assistance Team was then formed in March, 1991.

To begin to accomplish its goals, a PAT subcommittee was organized to produce a training curriculum that would assist Montana communities in developing prevention initiatives that address local conditions and meet local needs. This task was accomplished by drawing upon a wide variety of resources including materials from the Center for Substance Abuse (CSAP), William Loftquist and the Community Partnership Institute.

In July, 1992, under the sponsorship of Montana Communities in Action, PAT received a grant from the Montana Board of Crime Control to utilize the curriculum to provide training to six communities in Montana. The goal of the training is to assist Montana communities to discover their resources and potential for changing local conditions.

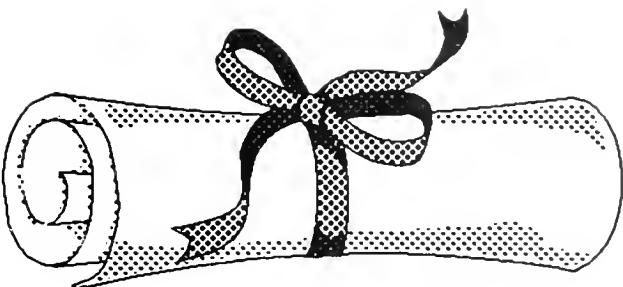
The following communities have received training from the PAT; Hamilton, Whitefish, Missoula and Livingston. A training is planned in the following; Boulder, Bozeman, Eastern Montana and possibly Polson. A total of eighty eight persons have participated in a curriculum training, to date. Fourteen PAT Volunteers have participated in, or conducted a PAT workshop.

Based on the evaluations received, this pilot project appears to be having a positive impact on local community prevention efforts. Overall, communities have expressed that their needs and expectations of the Curriculum training were met. A follow up evaluation will be conducted with each community to determine any long term benefit.

The grant year for this project ends in July. The curriculum will be evaluated and suggestions for changes will be made to the Curriculum Committee. What will become of the Community Mobilization Curriculum after that, is not yet known. Ideally, the PAT would like for the training to continue via volunteers, agency collaboration and community support.

For more information call Becky Baraby at 443-1859.

NEW ADAD INTERNS



There are four new University of Montana interns working for The Community Youth Activities Program (CYAP) with the Alcohol and Drug Abuse Division under the guidance of Ken Taylor.

Ann Szalda-Petree will be developing and executing a questionnaire aimed at facilitators of the Minors in Possession Educational Course, surveying attitudes involving implementation of the law. She is also doing a statistical analysis of the Knowledge, Attitude and Behavior Questionnaire (KAB) for the CYAP Demonstration grant sites. Ann is presently finishing a Ph.D. in experimental psychology with an emphasis in biopsychology. Her graduate research involves investigating primate learning behavior while foraging.

Dan Minton's focus will be on analyzing the CYAP program from conception to the present. He will be looking at the program from a qualitative historical perspective. Dan is working on an M.A. in history. His graduate research centers around the role of the Finnish community in Butte, Montana from 1890 to 1920. Dan is also a museum assistant at Old Fort Missoula.

Katharine Thompson will be researching information on the influence of government policy on community based prevention programs. This material will be used for workshops aimed at volunteers and satellite programs. She will also be co-editing the Habit. Katharine is working on a Masters in Public Administration. Her background is in economics and philosophy. She worked last session as a legislative intern in the Montana legislature. Katharine's academic interests involve the dynamics of community based programs.

Jim Thormahlen will be researching and developing a prevention model for adolescents based on "Rites of Passage" and adventure based education. From this research, he will develop an outline for a workshop on adolescent substance abuse prevention involving the same "Rites of Passage" and adventure based philosophy. Along with Katharine, he will be co-editing the Habit. Jim is working towards an Ed.D. in Guidance and Counseling with an emphasis on adventure based counseling.

BOOK REVIEWS

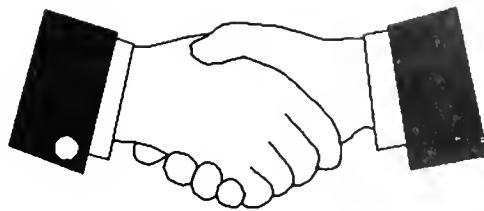
ISLANDS OF HEALING, A GUIDE TO ADVENTURE BASED COUNSELING by Jim Schoel, Dick Prouty and Paul Radcliffe, 1988, Project Adventure, Inc., publisher, 305 pages.

Sometime before World War II, Dr. Kurt Hahn developed the Moray Badge program at the Gordonstoun school in Scotland. He felt the classical school curriculum was not enough for the development of the total child. His students were required to perform in a range of athletic events, undertake expeditions by land or sea, carry through successfully some long term project, and demonstrate preparation for some kind of public service. During World War II these same concepts were developed into a high intensity survival training program which was to become the worldwide Outward Bound program. Dr. Hahn coined the term "Islands of Healing" to describe the small Outward Bound "outposts" near major cities and international borders.

In the early 1970's, Jerry Pieh sought to bring Hahn's original idea back to the public schools and developed Project Adventure. In 1974 evaluation results earned Project Adventure an award as a National Demonstration site for the Office of Education's dissemination project. By 1982 over 5,000 education professionals had attended curriculum workshops taught by Project Adventure staff and over 500 schools and other education institutions had replicated a portion of the original model. Today there are hundreds of programs throughout the United States that use the Adventure Based Counseling (ABC) model. These programs are found in schools, hospitals and treatment facilities, and programs for court-referred youth. The programs include courses for growth and self awareness, adolescent programs for behavior disordered students, wilderness family therapy programs, and programs for substance abusers. There are now even programs for chronic psychiatric patients.

Islands of Healing is a comprehensive guide outlining the foundations of adventure based counseling. The authors assist the reader through developing a curriculum, preparing individuals for the adventure experience, implementation of the activity and individuals integration of the experience. They make suggestions for dealing with resistance and other obstacles and guide the reader through closure of the adventure group. The authors bring the entire process into focus with case examples, providing rationale for specific interventions. Islands Of Healing is required reading for anyone interested in experiential education, working with youth at risk, and the challenge of providing an environment for improving self-concept.

GETTING TOGETHER



by Roger Fisher and Scott Brown

Since 1989, one of the major developments in prevention has been a recognition of the importance of broad based community efforts. The five Center for Substance Abuse Prevention (CSAP) Community Partnership grants in Montana are a result of this effort, as are the PAT Community trainings and the up coming Putting The Pieces Together regional workshops. Perhaps the most difficult lesson we have learned during all this effort is that working together is not easy. In fact, at times it is hard and painful work. Getting Together is about improving relationships as an integral part of improving negotiation. The authors present a strategy for building a relationship that can deal well with differences with the idea that in negotiation we most need to keep it going when we have the least in common. They call this strategy "being unconditionally constructive."

The authors maintain this is a good strategy for any relationship whether it be personal or professional, between parties who agree or disagree, or between parties who approve or disapprove of one another. The focus is on separating the relationship from the substantive issue(s). This approach is cognizant that a good relationship is crucial to fruitful negotiation. It also allows us to improve relations without compromising our positions.

An essential part of this approach is that it is not dependent on the other side doing the same. The "unconditionally constructive" method is not based on reciprocity. While relationships are clearly improved with both sides acting on the basis of these principles, it is not required for successful negotiation.

The "unconditionally constructive" approach to negotiation requires that each of six basic elements of a working relationship be used in congruence. The first is rationality or a balance of emotions with reason. To do this we must develop an awareness of both our own emotions and of those we are negotiating with. Additionally, we must take care not to react emotionally, but instead to take control of our behavior. Finally, we should anticipate emotional reactions and be prepared for them.

The second element of a working relationship is understanding. The authors chart out several specific actions that we can take in order to improve understanding. We should always assume that we need to learn more about the other side and should begin to do so by asking ourselves what might be of importance to them. We also need to help them to understand us by being open.

Communication plays another part in strengthening the relationship. The focus is on always consulting the other side before deciding, listening actively, and planning your communication to others to decrease mixed messages. In this way one can minimize the differences between the negotiating parties.

Being entirely trustworthy while not entirely trusting the other side is the basis for establishing one's reliability. This practically requires that one be predictable, clear, honest, and take promises seriously. This approach does not compromise one's position in negotiation, it just makes the process of negotiation less likely to break down.

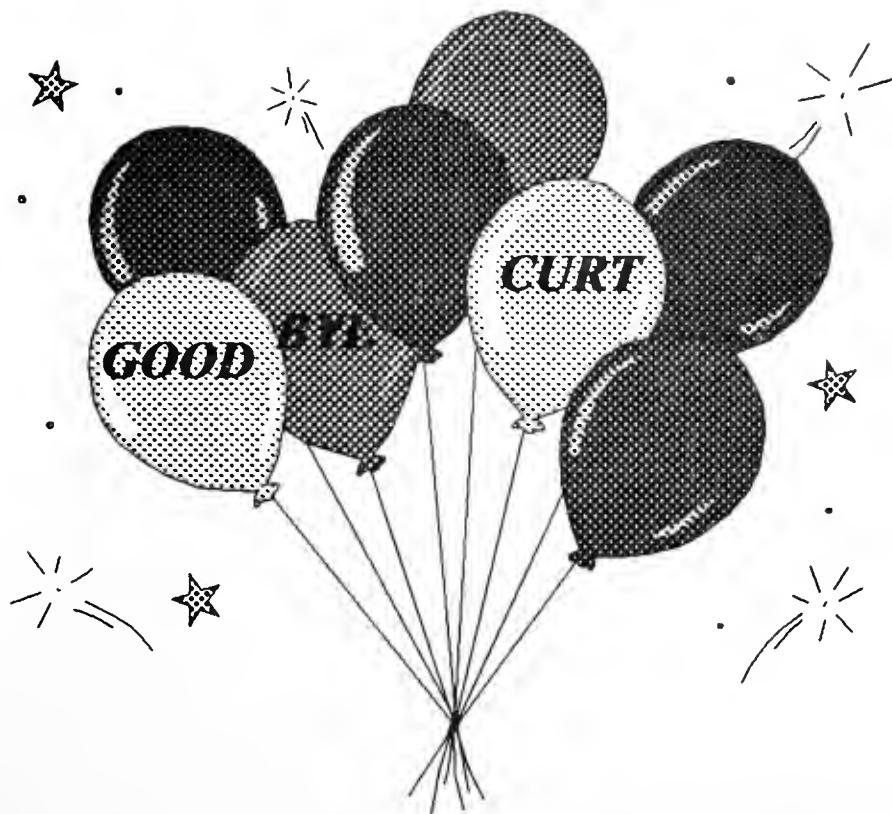
Persuasion without coercion is looked upon as a method for achieving agreement that all sides can see as fair. Coercion is seen as damaging both the working relationship and the quality of any agreement.

Finally, acceptance of the other side regardless of one's disapproval is an important part of the negotiating relationship. To accept the other side is to deal with them respectfully and equally, and to give weight to their interests. Acceptance does not assume approval nor compromise one's own position.

Getting Together provides a strong alternative to the traditional tit-for-tat negotiation processes. While the elements of the "unconditionally constructive" approach must be used together, the system can be utilized by only one party in a negotiation. Thus, one is not merely reacting to the other side in negotiation but may take control of the working relationship by taking control of one's own actions.

Throughout Getting Together, the authors emphasize that useful communication in negotiation does not require or in any depend upon both sides sharing values, approving of each other, or even liking each other. Negotiation using these strategies results in a good working relationship independent of having a good personal relationship. So, while negotiations between like-minded parties is easier, negotiations between very dissimilar parties can have equally productive results.

The model offered here is drawn from many years of research into negotiation both in business and international relations. As such, this model represents the some of the best available thinking on how to solve the thorny issues which keep us from achieving our desired ends. Working on even some of the interpersonal skills presented in this book will help us achieve comprehensive, coordinated, community wide prevention systems.



FINALLY, A FOND FAREWELL

After four years as Director of the Department of Corrections and Human Services, Curt Chisholm has ended an eighteen year career with this agency. During his tenure, Curt worked hard to provide leadership wherever he was. On several occasions, he was acting Superintendent for Warm Springs, providing needed leadership to that complex facility. Perhaps his most difficult duties were those related to the prison riot in Deer Lodge in 1991.

Curt was known for his ability and his humor, both of which will be missed here at Corrections and Human Services. Fortunately for the State of Montana, Curt has found a new home in the Department of Health and Environmental Sciences. Now they will have the benefit of his years of experience, good humor, and booming bass voice. We wish you future success, Curt.

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